

Original - Unit / Copy 1 - Court (Yellow)
Copy 2 - Defendant (Pink)

CITY COURT CITATION

Tracking/Citation No.:

I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:

IN THE CITY OF ST. LOUIS, MISSOURI
ST. LOUIS, MISSOURI, PLAINTIFF
VS.

DEFENDANT

Date

Complaint Number

Last

First

MI

DOB

SS#

Residence Address

Home Phone

Occurrence Address

Occurrence Date

Occurrence Time

A.R. Number

Race

Sex

Height

Weight

Eye Color

Hair Color

Build

Complexion

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S). THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:

STATE OF MISSOURI) SS

CITY OF ST. LOUIS)

YOU ARE HEREBY SUMMONED TO APPEAR PERSONALLY BEFORE DIVISION NO. 4 OF THE CITY COURT, 1520 MARKET ST., ON October 16 AT 3:00 O'CLOCK P M, TO ANSWER A COMPLAINT INFORMATION CHARGING YOU WITH:

A.

LOC. CHARGE CODE

75008990

B.

LOC. CHARGE CODE

IF YOU FAIL TO APPEAR, A WARRANT MAY BE ISSUED FOR YOUR ARREST

RETURN ON SERVICE OF CITATION

Domestic:

☐

Yes

☒

No

I HEREBY CERTIFY THAT I SERVED THE WITHIN CITATION: (CHECK APPROPRIATE LINE)

BY DELIVERING A COPY OF THE CITATION TO THE ABOVE NAMED DEFENDANT.

BY LEAVING A COPY OF THE CITATION FOR THE ABOVE NAMED DEFENDANT AT THE DWELLING PLACE OR USUAL PLACE OF

ABODE OF SAID DEFENDANT WITH A PERSON OF HIS/HER FAMILY OVER THE AGE OF 15.

ALL DONE IN THE CITY OF ST. LOUIS, MISSOURI, ON THE 28 DAY OF Aug, 20 19.

Signature of Defendant or Person Accepting Citation

Signature of Officer Issuing Citation

CT. GP. #

DSN

Assign.

CITY COURT, 1520 MARKET STREET 63103
FOR ADDITIONAL INFORMATION VISIT, www.stlcourt.org

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SUPERVISOR
SIGNATURE: